

2017-2018 UNIVERSITY OF OREGON DANCE TEAM TRY-OUT INFORMATION

The University of Oregon Club Sports Dance Team is dedicated to providing quality entertainment, promoting school spirit and representing Oregon on a national level. The team currently performs before select Men's and Women's basketball games as well as campus and community events throughout the year. We travel to UDA Nationals in Orlando, FL in January each year.

TRY-OUT INFORMATION:

We are looking for well-rounded dancers, who are strong in competitive jazz, contemporary, and game day styles. The necessary/desired technique and skills expected at try-outs are listed below.

DATE: Thursday, October 12th, 2017

TIME: 6:00-9:00pm

LOCATION: Gerlinger B-50, University of Oregon Campus

COST: \$30

FORMS AND SCHEDULE:

What to Bring:

- \$30 (cash or check made payable to UO Club Sports Dance)
- 1 Tryout Application + UO Club Sports Waiver
- 1 4x6 Headshot
- 1 Letter of Recommendation from current coach/dance instructor
- Please bring water, snacks, etc. We apologize but we cannot accommodate spectators. All rounds will be closed to the public.

DANCE TEAM AUDITION MATERIAL

ATTIRE:

Bra top/Half top and athletic shorts required. Jazz shoes are suggested for jazz portion of auditions. Athletic shoes/sneakers are suggested for game day portion of auditions. Please dress to impress. Game day hair and make-up required

CHOREOGRAPHY:

- Competition and Game Day style routines will be taught at auditions.
- Turn Combination (approx. 3 counts of 8 including changing spots and double/triple pirouettes) taught at auditions.

SOLO COMBINATION:

- 5-6 eight-count solo combination choreographed by YOU.
- This should highlight your strengths and personal style. General music will be provided at tryouts.

REQUIRED SKILLS/TECHNIQUE Advanced execution of the following elements:

- Spotting second turns/Reverse spotting second turns
- Leaps and toe touches
- Flexibility and extensions/leg hold turns
- Aerials are highly desired

INTERVIEWS:

Individuals that make it to the final round will be interviewed by the coaches and judges. Be yourself, and show us your personality!

PHYSICAL APPEARANCE:

Must maintain appropriate weight and appearance. Expected to uphold a lean and toned build. Auditions will be scored on technical abilities, execution on choreography, athleticism, appearance, and performance. Dancers must be approachable, able to engage with a crowd, and admirable representatives of the Dance Team. We are looking for team members who demonstrate strength, fitness, a strong work ethic, and exceptional dance technique.

CONTACT:

I appreciate your interest in the 2017-2018 Oregon Dance Team. We are excited for another challenging yet exciting year. If you have any questions, please do not hesitate to contact us. We look forward to seeing you at auditions.

Go Ducks!

UODT Captains
uodance@uoregon.edu



Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

PLEASE PRINT

Activity Information	
Group: EMU Club Sports - Dance	Date(s): 10/12/2017
Activity: TRYOUT	
Activity Description: Dance tryouts hosted by Club Sports Dance Team	
Activity Leader (name, title and phone number): Caroline Roberts, Dance Team Officer, 925-395-1351	
Department: EMU Club Sports	

Participant Information	
Name:	Date:
Email address:	Phone number:
Emergency Contact (name and phone number):	

In consideration of being permitted to participate in any way in the above-described activity (hereinafter called the "Activity"), I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to sue the State of Oregon, the Board of Trustees of the University of Oregon, and the University of Oregon (collectively, hereafter called the "University"), their officers, employees, and agents from liability from any and all claims including the negligence of the University, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), property loss, and damages arising from, but not limited to, participation in the Activity.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation in the Activity is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY, DEFEND, AND HOLD the University and its officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Medical Treatment Authorization: I understand that an emergency may develop which necessitates the administration of medical care. In the event of injury or illness, I authorize the University to secure appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment for me.



Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

***** IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST AGREE TO AND INITIAL THE ABOVE CLAUSES AND SIGN BELOW. *****

NAME OF PARENT OR LEGAL GUARDIAN (please print legibly): _____

PARENT OR LEGAL GUARDIAN SIGNATURE: _____ DATE: _____